GIT

- **65 years old male had difficulty swallowing + chest pain + lost 7kg → barium meal**
- **Mid osoephegus constriction → sq.cell carcinoma**
- **Old aged smoker male complains of dysphagia barium swallow showed filling defect Mid osoephegus > squamous cell carcinoma.**
- **Heartburn for 10 years change of epithelium from squamous to columnar on endoscope →Repeat endoscope after 12 months**
- **Chest pain no cardiac cause sensation of stitching pain on eating both solid and fluids →Diffuse Eso Spasm**
- **واحدعملولو clips & GU يعملولو ايه تانى Endoscopic biobsy**
- Relief after meals → **duodenal ulcer**

- **Abdominal pain relived by flatus → irritable bowel syndrome**
- **Abdominal pain with pigmentation in chin of tibia → crohns**
- **CD >>>> cobble stone**
- Chronic diarrhea , red nodules on tibia > crohn's disease
- **30 years old female, ulcerative colitis → sulfasistazine**
- **40 UC cancer colon ….. Pan colitis**
- **UC & bleeding …… lead pipe**
- **30 years old chronic persistent diarrhea for 6 weeks which of the following symptoms suggest her pathological causes > nocturnal diarrhea.**

- **High ALP w high direct bilirubin proper investigation → MRCP**
- Increased ALP , increase direct bilirubin , normal AST > MRCP
- GIT
- 48 female, 39*C fever, chills, icteric sclera, ill appearing, jaundice. US showed CBD stones gall bladder itself, broad spectrum Abs….. ERCP
- **A pregnant woman in the 10th week ….. pregnant induced cholestasis**
- diabetics, HCV compensated , decrease complement and painful rash = cryoglobenimia
- Viral load …. Virus C
- Acute diarrhea & jaundice … Hepatitis A
- **Creatinine 3 time in 2 day ….. Hepatorenal syd**
- **Jaundice & joint pain ….. Hemochromatosis**
- **a male with impotence with mild arthralgia with transaminases slightly elevated best inv. To detect hemochromatosis → serum transferrin** saturation
- A 32 female has itching & pruritis (PBC) …. AMA
- ايه اللى بتشوفه ف Hepatitis B .... HbsAg
- **nurse, needle stick, HBV +ve > Ig & 1st dose of HBV vaccine**
- **Patient with no finding except he is +ve for bilirubin in urine →Dubin Johnso**

- **Protein with jaundice for 2 month no physical exam AST & ALT are normal total bilirubin is increased direct type and Alkaline increased what investigation →CT Abdomen**
- **Patient with Ascites & Edema what should you do →Paracentesis**
- **SBP ….. Ceftriaxone IV**
- Asymptomatic Female with increased bilirubin only > Gilbert syndrome
- Hepatitis B – enlarged liver – portal venous thrombosis > HCC
- **Female patient Upper abdominal pain radiating to the shoulder > Gall bladder disease**
- **Cirrhosis & massive hematemesis he is hemostable and still bleeding →Band ligation**

Git

- TTT of hyoid cyst ….. Metronidazole
- **chronic diarrhea … Cause Giardia**
- 2days of watery diarrhea followed by bloody yesterday with no fever (campylobacter or Ecoli or noro virus)
- **coming from Bangladesh , diarrhea , (travellar diarrhea) ciprofloxacin**
- **A man has liver cirrhosis …. Shistosoma**

GIT

- Ulcer& whitish & excaudate …… candida
- **Epigastric pain & (pancratitis) ….. amylase & lipase or MRI**
- **58 female neighbor comatozed, no diet in fridge, poor hygiene, mini mental test 24 > Pseudo dementia**
- **58 female, 8 hrs worse abdominal pain, located RUQ with tenderness, no hematemesis or melena, fever, tachycardia > Colycystitis**
- **18 years old Rt L Q abdominal pain tenderness on palpitation for few hours and fever 38 →Laparotomy**
- Recent exposure to alcohol and no other finding what is the best strategy for pancrease screening → Lipase & Amylase

GIT

- Elder with weight loss Hb was 13 then became 8 → **Upper and lower gi**
- **19 female London jaundice fever inc. ALT AST 6 months, no hepatotoxic drugs, hypergamaglobulinemia, A B C negative SLE negative……. Confirm liver kidney microsome**
- **Inc. amylase in acute fem?? …… hyper triglyc…**
- 36 male indigestion, heartburn for 1 year especially after heavy meal, unremarkable ….. serology for H.pylori
- **28 chronic diarrhea suspect laxative abuse …… abnormal osmotic gap**
- **54 known alcoholic cirrhosis ascites fluid lymphoma ….. TB**

Glt

- **Suspicion of malignancy in old age with bleeding per rectum and 10 kg weight loss → upper and lower gi endoscopy**
- Follow up HCV→ viral load
- Screening HBV→ HBsAg
- **Dyspepsia for 6 M took PPI with no response→ serum gastrin level**
- **Non caseating granuloma → CD**
- **Refractory heart burn + dyspepsia + endoscope from 6M→ 24 hr PH**
- 60Y old man easy fatigue and palpitation for 6 months, pallor and low ferritin→ occult blood
- **Ceruloplasmin normal mild elevation in AST/ALP/ALT and BMI 25→ NAFL**
- **Female jaundice and fatigue ALP elevated and US was done showing coarse liver→ AMA**

- **Preg. Woman elevated amylase→ gallstones**
- Father with HCV his son use his father razor what is the % of transmission→ 1.8%
- Liver transplantation + HBV→ antiviral and IG
- **Achalasia=manometry/endoscope**
- All normal except bilirubin high= gilberts
- Diverticulitis+severe left lower pain= ct abdomen and pelvis
- **Hbs ag(+),hbc ab(+)=chronic hbv**
- **Dm+metformin+glicazide=non alcoholic liver disease**
- **Crohn disease(hyperaldosteronism)=renin angio tensis ratio**
- **Insulnoma – 10 kg wt gain + swatting on morning**
- **AMA -- itching + no biliary tree**
- **Octerotide -- first drug to patient have esophageal varices and prepare to endoscope**

- **Nsaid+peptic ulcer=ppi full dose 4-8 weeks**

- **Diarrhea watery then bloody → E.Coli**
- **Taking broad spectrum Abs then diarrhea → C. Difficile**
- Fever + rt hypochondrial pain + food poisoning → HAV IgM
- **34 ulcerative colitis, microscopic hematuria, nasal congestion, +ve PANCA. What is true? > +ve ANCA is propably due to ulcerative colitis**
- HBs+AG > Chronic infection
- Primary biliary cirrhosis > AMA
- Haemochromatosis > Serum ferritin levels
- CNS manifestations > Wilson disease
- 42 female painful rash, diabetes, chronic HCV, small raised purple rash, compensated liver PLT (low), bilirubin (high), ALT & AST (high), INR (high), complement (low) > Cryoglobulinemia
- 32 years old , burning sensation after eating > H.pylori test
- 22 years old , complains of diarrhea for 4 weeks , tenesmus and blood > colonscope and biopsy
- **78 years old , fever , left lower pain with bleeding > diverticulitis**
- **Anemia , infection of diverculosis > CT- contrast is contraindicated**
- 40 years , abdominal swelling , spider naevai , portal HTN > paracentesis
- Abdominal pain , inferior angle of scapula > gall bladder

- 48 female , jaundice , abdominal pain , past history of gall stones , what is the first inv > US
- **46 male , jaundice , dipstick showed bilirubin and no urobilinogen > Obstructive Jaundice.**
- **56 years old male , suspect alcholoholic disease , bilirubin 2ml , AST 150 , ALT 75 , ALP 100 , which of the following test is the parameter > AST/ALT > 2**
- 52 female with R.arthritis referred with GB after ALK > 300 , AMA +ve. > primary biliary cirrhosis.
- **18 years old female with tremors , dysarthria , blood test showed K , NA are normal , bilirubin 1.2 , family history of liver disease > decrease serum ceruloplasmin.**
- 18 years old male transient jaundice diagnosed as gilberts what is app. Management > discharge after reassurance.
- ***62 years old male rectal bleeding 1 year history of LT iliac fossa no pain , no weight loss > Diverticulosis***
- 22 years old male student 2 months worsening diahrea mucus and blood he is afebrile > IBD
- **80 years old female not opened her bowel for 4 days no history of constipation , empty rectum on examination her abdomen is soft and there is mild discomfort in LT iliac fossa what is TTT > Lactulose.**

- **35 years old male diahrrea 3-4 weeks, abdominal cramps, nausea no fever no dehydration no bloody stool → ova & parasite**
- **40 years old infantile female, persistent abnormal liver function (ast 86 alt 65) and normal bilirubin, albumin, INR, -ve for HBv HCv.. next step? → anti TTG**
- **Profuse watery diarrhea for 3 month →Villous adenoma**
- **37 Recum abd pain defecation, unremarkable enolapril 2.5 total 0.2 ??? ….. reassume**
- HCV fever biopsy infiltration of Portal tract destruction hepatocytes….. HCV good response is associated with low burden of HCV
- Chronic diarrhea and fever + arthritis + skin rash (case of UC) → goblet cell

Neuro

- His wife complains that he is kicking her during sleep and he feels that ants are crawling on his legs → **restless leg syndrome with periodic**
- Absent blinking in the right eye → **Rt facial palsy**
- Intact corneal reflex in both eyes, only the left eye blink → **Right facial palsy**
- Ptosis + diplopia + dilated fixed pupil → **lesion in occulomotor**
- left face numbness, left arm weakness → **Right middle cerebral artery**
- In complex partial seizures, automatism → **lip smaking and chewing**

Right arm numbness without weakness, painful eye and reduced visual field → **MS**

When looking to the rt side , one eye abducted and the other eye remain the same → MS

- English teacher forget a little bit some things → **Mild cognitive impairment**
- UTI + sudden numbness and weakness in the lower limbs → **GBS**
- **Orthostatic hypotension → with GBS**
- Gullian Barre syndrome → **Spinal fluid with high protein**

Neuro

- Headache, projectile vomiting, confusion → **Iv dexamethasone**
- patient with left drooling of food and normal eye corrugation → **RT UMNL 7th CN**
- Ms (افتكر دايما ان اهم حاجه انها بتروح وترجع تاني) more than episode ??
- History of upper respiratory tract infection, Urine retenstion, extensor planter reflex (+ve babinisky) absent bicebs reflex loss of sensory below T5 with normal sensation above the level → **Transverse myelitis**
- **Back pain, urine retention, URTI 2 weeks ago, sensation lost up to T5 progressive weakness in the lower limb → GB**
- His wife complains that he is kicking her during sleep and he feels that ants are crawling on his legs → **restless leg syndrome with periodic**
- **Shot in thoracic vertebrae → paraplegia in both legs**

- Light go towards inferior lateral portion of the cornea, which cranial nerve damaged ? → **fourth**
- Children with problem in eye → **the 4th cranial nerve**

Neuro

- **A left arm loss of sensation and weak motor power and weakness of left face only with normal right side and normal lower part of body → lenticulo striate branch of middle Cerberal artery OR RT middle cerebral**
- Pulsating unilater headache with vomiting and photophobia with family history (bad headaches) → migraine
- Band like headache → **tension headache**
- suspect meningitis ..start treatment empirically
- trianst problem in brain … Investigation cerebral angiography
- **Visiual hallucination+parkinsonism……lewybody demntia**
- **Multiple ring enchaining lesion toxoplasmosis**
- Epilepsy siezures → EEG
- Fasciculation + spasticity → MND
- Head trauma and the CT shows crescent shaped hemorrhage → **subdural hematoma**
- **loss of conscious after vomiting → Subarachnoid he**

Neuro

- Patient with acute onset headache then loss of consciousness → **Non-contrast CT**
- The best for intracranial hge → **Non contrast CT**
- **Most common cause of stroke → HTN**
- **left facial paralysis +upper limb paralysis "sensory +motor" with preserved right side of the face +lower limb → right middle cerebral artery**
- Possible subarachnoid to confirm ……. CT without contrast
- **41 female terrible headache, stressed right sided …. Cluster headache**
- **40 low back pain numbness no boy?!!! Bladder, weak walking 4/5 sensory—pinbrick touch touching distribution to mid-calf T2 (Guillian-Barre) ……. CSF analysis**
- 30 female progression progressive unilateral numbness without weakness, Fluxotine 6 ago 3 visual disturbance no blind spot … MRI brain
- **65 mask face bradykinesia no response L dopa, falling several times ….. progressive supra nuclear palsy**

Neuro

- Fatigue and diplopia +EMG + decreased response to repetitive stimuli→ MG
- MS→ MRI
- Wide base gait→ staccato
- Hyperdense in CT→ intercerebral hematoma
- Fall after trauma then regain consciousness→ CT
- **Difference between alzahimer and lewy bodies → Antrograde memory loss**
- Finger to nose irregular , Babinski sign & bilateral leg weakness → **MRI with glonedial**

Neuro

- **Female patient with seizures, after 1 year of ttt with AED, she was normal intelligent + normal neurological + normal EEG and need safe withdrawal of the drug → Stoppage of antiepileptic drugs 1 year**
- Doctor with essential tremors → **propranolol**
- **Old male with vertigo on midnight → cerebellar damage or blurred vision**
- **Severe pain as acidic pain → Thalamic syndrome**
- Emergent inv in SAH→ CT non contrast
- CSF of bact meningitis→ leukocytosis with neu
- Pain in forearm increase during night, distribution of meian nerve affected→ nerve conduction studies
- Hemiplegia and facial paralysis, initial inv?--> CT
- Hemiplegia + aphasia→ CT
- **Viral infection +ascending paralyisis+no urine retenetion=gullian barre**
- Migraine history+bilateral pain in occipital lobe and no improvement=ct
- Parkinson → basal ganglia + dopamine
- Painless in hand → NCV

- Normal pressure hydrocephalus ---- dementia + urinary incontinence + abnormal gait
- The most common cause o fdementia → Alzheimer
- Mother slow with rt hand tremors → Parkinson
- **Cerebellar infarction → intentional tremors**
- Severe sudden headache with convulsions → CT brain
- **40 years female takes OCP with headache for 3 months + blurred vision nausea and vomiting → increased ICP**
- MG problem in → NMJ
- **Optic neuritis then gait abnormality then muscle weakness → MRI with contrast**
- Falling the facial deviation on left + left limb wasting → CT brain
- Previous history of falling then forgetting events → CT brain
- DM + glove and stoke → lost ankle reflex
- Long history of distal weakness + wasting of muscle → LMNL

- Patient with COPD → **Influenza + Pneumococcal 5 years→ Influenza vaccine yearly**
- **Severe COPD … ttt LABA and LAMA**
- **Smoker … COPD .. pH < 7.2 … TTT Mechanical ventilation**
- **COPD,Hemoptysis ……urgent referral for imaging**

- smoker , dyspnea ,copious sputum of offensive odor bronchiectasis
- recurrent chest infec , mucopurulent copious sputum , chronic cough , dyspnea, to investigate spiral CT

bronchiactases with recurrent chest infection what is the best long prophylaxis → postural drainage

- Bronchiactasis … large amount of sputum … Diagnosis by high reolustion CT … TTT postural drainage
- **A girl with increase shortness of breath and wheezing during exercise only → SABA 1h prior to exercise**
- **Asthma salbutamol and beclomethazone next step is increase beclomethone**

- 82 years with rh. Arthritis and ischemic heart ds .. chest x ray shows right white lung opacity with trachea shiftied to the same side → Lung collapse
- **78 y old with cough and hemopetysis and hyponatremia → small cell carcinoma**
- 55 year old male complaining of dysnea and shortness of breath examination to cardio and pulmonary function normal except for decreased diffusion of CO in lungs → interstitial lung ds
- **60 outpatient with short of breath on mild effort gave history of white sticky cough CXR show cardiomegaly what to exclude? →Pneumothorax**

Respiratory

- **child, of acute chest pain in right side , x-ray was done -> hyper translucence and no shifting of mediastinum pneumothorax**
- ph->acidic , Pco2 increase , PHco3->decrease metabolic acidosis
- **Male patient complaining of shortness of breath, ausculation of chest normal → (ECG or ECHO)**
- **FEV1 decreased , FVC decreased , residual vol. decreased , KCO 103% (increased),DLCO increased , (kyphoscoliosis , bronchiectasis ,CF , asthma)**
- **56 years old, cough expectoration with foul smell odour, heart burn , crackles and upper lope defect in the lung = (ampicillin, clindamycin, ciprofloxacin, doxycycline,trimesopriine and sulpha)**
- **History Of TB opacity in right upper lung field surrounded air ……Aspergillma**
- **tachypnea, ph-> alkaline ,decreased Pco2 ,decreased p02 hyperventilation Syndrome**
- **tachypnea, ph-> alkaline , decreased Pco2 ,decreased p02 and whezzes acute asthma**
- **lory driver ,40 y, chronic smoker , 2y chronic cough chronic bronchitis**

Respiratory

- **INH … peripheral neuritis &liver problems / Rifam … red discoloration / Ethambutol … optic neuritis**
- TB … INH + Rifam + ethambutol + pirazenamide for 2 months then rifam and INH for 4 month
- **O2 therapy if PaO2 < 55 \ Saturation < 85% \ 55- 60 + pulmonary HTN or CHF or Polycythemia**
- **Most common cause of Pneumonia Strept pneumonae**
- **Pneumonia … Bronchial breathing … TTT ceftriaxone / Amoxicillin + Erythromycin**
- 17 dysnea … bronchial asthma … Diagnosis Spirometry
- **neonate +pneumonia after eye infection … Organism chlamydia**
- patiant … old age with pneumonia due to air condition … Organism … legionella

Resp

- **Raised ACE……Sarcoidosis**
- **Metastatic lung cancer + chemo + 3 weeks after have infection – blood culture**
- **Metastatic small lung cancer swelling arm and leg + plethoric face + shortness of breath -- SVC obstruction**
- **Severity of CAP CURB (age > 65 systolic <90 Urea > 8 RR >30 confusion) Score 0:5**
- Type 1 respiratory failure Hypoxia po2<8k
- Type 2 respiratory failure Hypoxia Po2 <8k / Hypercapnea Pco2> 6,5k

- **28 bilateral kidney transplantation, polycystic, dialysis, tacrolimus, trimethoprim, sulfa methoxazole > Pneumocystitis jirovici**
- **16 cystic fibrosis, X Ray: Rt lower zone consolidation. Which antibiotics would you use? > Ceftazidime**
- Teacher hoarsness of voice …..Laryngoscope
- Mild persistent asthma – low steroid + SABA as needed

Respiratory

- **40 male, HIV, dyspnea, X Ray: bilateral interstitial lung markings, O2 decrease with move or walking > Co trimoxazole**
- **75 COPD, persistent neck swelling, LL edema, PHN, O2(low), Co2(normal), Hco3(normal). What should be done? > Hypoxia oxygen overnight saturation monitoring**
- **70 male, dyspnea, large Rt side pleural effusion, protein 65 g/dl > Mesothelioma**
- **70 non small cell lung cancer, investigations done and proved lung cancer. What is contraindicated to surgery? > Horner's syndrome**
- Pain in RT leg & RT chest pain > pulmonary embolism

Resp

- **Case pneumonia with RR>24 and consolidation -→ IV ceftixine and oral amoxicillin**
- **6 M breathlessness, he is diabetic and has spinal spondylosis, spirometer FEV1 65% FEV/FVC 95%--> restrictive**
- TB patient with elevated liver function→ INH
- Dyspnea, cough and wheeze low oxygen and high CO2→ COPD
- Male worker in factory + smoker→ astha asbestosis or COPD (msh 3arfeen)
- Bronhiectesis→ CT
- BA → trial ICS
- Left side chest pain, pneumothorax→ chest tube
- Cough + sputum +infertility + deafness→kartagner syndrome
- Bronchiectasis ------- postural drainage
- **Ethambital -------- عمي**
- **Streptomycin ----- طرش**
- **INH ---------- peripheral neuropathy**
- **Pyrazinamide ------ hepatotoxicity**
- Chest pain and leg pain=pulmonary embolism
- **Toxic manifestation + increased ACE (sarcoidosis) → diagnosis by LN biopsy**

- **restrictive PFT→ kyphscoliosis**
- **65 COPD, FEV1 (low than 25%), admitted 6 times to hospital of excacerbation > Tiotropium**
- 65 emphysema, worsening dyspnea, Lt side pleurisy, chest pain, Lt side pneumothorax, partial lung collapse > Chest tube
- 70 male COPD cough, dyspnea, worse ABG, PH 7.32, Po4 7, Co2 8, Hco3 34 > Chronic respiratory acidosis
- **50 admitted infected, exacerbation of asthma respond to ttt, test of aspergillus in sputum was –ve, IgE (high) > No change in medications**
- **30 male 6 months worse dyspnea, cup sputum, wheezing with any viral infection, 25 cigarette for 4 years, work in a factory > Bronchiectasis**

- **65 dyspnea worsen 3 months, AF long standing, marivian (warfarin). Amiodarone, pulse 100, o2 sat 90, JVP no raised, bilateral crepitation, pulmonary function restrictive > Amiodarone induced interstatial lung disease**
- **60 years old male , 40 per day smoker , shortness of breath , he had productive cough , wheezing throughout his chest , PFT revealed reduced FEV1/FVC , little response to salbutamol , CXR revealed increased pulmonary vasculature and hyperinflation > COPD**
- 65 old male , retired from cement manufacturing company , shortness of breath , fatigue , progressive cough resistant to antibiotic TTT , CXR showed small multiple lesions of upper Lt lobe of LT lung , TB test was negative > silicosis

- **52 years old , returned from a cruise , fever , headache and myalgia with diarrhea and vomiting , dry cough , occasional haemoptysis and dyspnea , elevated WCC and CRP , hyponatremia , and dereanged LFT > Lengionella pneumophilia**
- Which of the following markers useful for monitoring of patients with COPD > FEV1/FVC ratio.
- 66 years old , complaining of dyspnea , pluritic pain in RT side > pulmonary Embolism
- 42 male , 3 weeks shortness of breath , dry cough , fever , mailaise , he mentioned he has been HIV for 10 years , on examination , fine crackles in lung , Cxr showed bilateral peri-hilar shadowing > pneumocystis Jiroveci
- 56 years old male with 1 month history of low grade fever , productive cough with blood tinged sputum , he has recently returned from India , night sweats > TB
- COPD vaccination > Annual influenza + pneumococcal every 5 years.
- **29 years old female , 14 weeks pregnant , came to ED with an exacerbation of asthma , she settled salbutamol and you want to see her before discharge she told you the most common trigger is grass pollen > arrange a course of pollen desensitization injections**
- **60 year old man with metastatic adenocarcinoma of the lung , who has finished two cycles of palliative chemotherapy , presents with 2 days fever and lethargy > start empirical broad spectrum antibiotics.**

Endocrine

- Toxic tender pain full goiter → **Dequervan**
- **thyroid nodule 1-2 cm, normal TSH → Fine needle aspiration**
- **treatment of hypercalcemic crisis → Saline**
- **patient with tuberculosis, Hyperpigmentation → Morning ACTH & cortosiol**
- Increase in waist , round flushed face , → urinary cortisol
- **A patient with refractory HTN with hypokalemia 2.9 and normal Liver function and kidney and CBC → serum renin and aldosterone level**
- Female with serum anti TH receptors antibodies → **Graves D.**
- Young girl had recurrent syncope, her father diabetic and she had hypoglycemia → **Insulin abuse**
- Father who thinks that his daughter got diabetes too and he had it → **insulin overdose.**
- **50 years old DM review lab test HbAc 7.2 not taking any medication albumin/creatine (high or 90 ratio msh faker) ratio →Start with ACE/ARB**

- ***Metformin need to be stopped 2 weeks and hold before →CT Angiograph***

Endocrine

- coarse facial feature with sweerting → acromegaly
- 50 years old polyuria for 10 days with daily urine 7 L and 1003 specific gravity urine / potassium osm was 113 and no improve of polyuria after 12 hour admission or given ADH →Nephrogenic DI
- Polyurea, polydepsia, na=145, serum osm hight, urine osm low → **DI**
- woman with frequent urination during a highway ride, after injection with vasopressin the urine osmalility reduced by more than 50% → **Central diabetes insipidus**
- DKA → **fruity odor of mouth and coma**
- **Elevated glucose, TG, cholesterol→ metformin and diet**
- Diagnosis of graves → peritibial myxedema
- Hyponatremia hyperkalemia → synactin test
- 18Y female treated from thyrotoxicosis by RAI→ hypothyroidism
- **70 Y LBP +kyphosis high Cr high urea high Ca→3ry hyperPTH**
- **GDM + OGTT fasting 108 2hr 225→ insulin**
- **Female hirsitism, acen, loss of libido , HTN and gain weight → overnight dexa suppression test**
- ACTH + elevated cortisol with cushing picture→ adrenal cushing syndrome
- De quervian

- Hyponatremia → **SIADH**
- Graves → neck bruit

Endocrine

- Screening for DM → **Random blood glucose**
- In screening for DM complication as retinopathy → **At time of diagnosis**
- When to screen diabetic patient with microalbuminurea → **At time of the diagnosis and yearly**
- 50 year old woman, BMI 30, fasting glucose 160/150 in two occasion after 8 weeks it was 140/130 → **Metformin**
- Pre diabetic first line of ttt is → **Diet and exercise**
- Diabetic type 2 HbA1C=10.8 and on sulphonylurea → **Initiate insulin**
- **Drugs of DM causing weight gain → gliclazide & sulfonylurea**
- Female with nausea, vomiting, diarrhea for 5 months → **Addison's disease**
- Hyponatremia + increased creatinine → **Addison**
- Bronze scar → **Addison**
- Diagnosis of Addison → **synachtin test**
- Nausea, vomiting, vague abdominal discomfort, hypotonia, high creatinine → **Synecthen test**
- Cushing → **pituitary or adrenal tumor**
- First line of treatment of a diabetic case → **lifestyle modification**
- Acromegaly symptoms → **Bitemporal Hemianopia**
- Female treated for hypothyroidism asymptomatic but decreased TSH → **decrease dose of levothyroxine**

Endocrine

- Female with severe headache + galactorrhea appropriate investigation is → **serum prolactin**
- **45 unwell wt loss palpitation 2 wks smoker grandma hypothyroidism tremor,---, lid lag, tender goiter unremarkable inc.T4 dec.TSH …. De quirven Subacute**
- **50 female palptation maternal underactive thyroid but pulse 96 inc.T4 normal T3 dec.TSH …. Factitions**
- 18 female sweating dizziness type 2 father glucose 34 to 32 , insulin 15mg/ml prion.?!!! 22% C-peptide 0.15 …. Insulin abuse
- 40 tired weight gain trans-sphenoidal pituitary tumor , cortisone OCP dec.TSH residual fatigue …. GH
- 20 wt gain depression derma acne tetracycline difficulty getting out of bed, (myopathy), 32 BMI ……. Cortisol urine free
- **hydrocortisone**
- **26 female 3 months lethargy wt los 60 unit of insulin then dec. dose, purple yellow on abdomen….. Cosyutropin test**

Endocrine

- **Bronze scar and hypotension , comment on electrolyes → Low Na**
- Acromegaly treated by → **Transphenoidal surgery**
- Old age taking hypoglycemic drug + increased 5Kg → gletazide
- Addison(tb +hypotension+hyperpigmentation)=cortisol+acth stimulation
- Central DI polydipsia + urine osmolality 3alyah fash5
- **GDM complication → congenital malformation if not controlled**
- DM + bilateral numbness + areflexia → peripheral neuropathy
- **Symptoms of cushing → initial step → 24 hours cortisol urine**
- Addison → disseminated TB
- Panhypopituitarism with hormone replacement but low GH → GH replacement
- **36 HTN, BP 150/90, K 2.5, Hco3 30 > Conn's syndrome**
- **42 diabetic, routine check up GFR 32, after 3 months GFR 35, A/cr 35 > G3 A3**
- **24 diabetic weakness, Na 135, K 2.8, CL 100, anion gap 30, CO2 30 > High anion gap metabolic acidosis with respiratory acidosis**

- 55 years old diabetic BP 140/90 > ACEIs

- Hypoglycemia – coma patient first detect

- **23 female thalassemia poor managed, suspected iron overload, ferritin (high), HbA1C (high), corrected serum ca (low), serum po4 (high), CT brain: bilateral symmetrical calcifications in basal ganglia and cerebellum > Hypoparathyriodism**
- **50 type 2 diabetes, lab test: HbA1c 7.9, A/cr 90, BP 140/90 no start of medication. What is correct > ACE or ARBs**
- **Hypothyroidism on levothyroxine then dry hair and skin → reassure**
- **Pregnant + DM → change to insulin**
- Lab high K low Na hypoglycemia hypotension → Addison

- Acromegaly initial → IGF-1
- High cortisol + high ACTH → Pituitary dependent
- **Hyperprolactinemia taking lithium → give thyroxine**
- **Hyperthyroidism taking carbimazole with oral ulcer and tonsillitis → stop drug**
- **Lab hypercalcemia with low PO4 and high ALP → PTH level**
- High ACTH in morning → the cause → pituitary dependent ACTH
- Ectopic or ACTH → cause of cushing → high dose dexa

Rheumatology

- Pain and swelling in the first metacarpal → **Gouty artheritis**
- Male with painful swollen knee and history of 1 year big toe pain → **Gout**
- Weakness in both lower and upper limb and unable to go upstairs → **polymyositis**
- Proximal muscle weakness relived by steroid…..polymyositis
- Polymyositis increase ck
- Septic arthritis N.gonnrea on child S.arues on elder
- Headache and tenderness in the scalp → **gaint cell arteritis or temporal arteritis**
- Case of septic artheritis first investigation is → **joint fluid aspiration and culture**
- Weakness + pain +stiffness <1 hour + x ray finding → **sacroilitis with sclerosis**

- 79 years old, pain in left knee……= in x-ray , reduced joint space and subchondial sclerosis and bone cyst
- arm tenderness, temporal artery tender = ESR
- buttock rash = henoch scholoein purpure
- gout, big toe , tender swollen, initial management of acute case= oral endomethan
- Severe pain in big toe +response to Nsaid …. GOUT
- SLE…..Anti DsDna

Rheumatology

- Cold, arthralgia , dysphagia → **ANA**
- Female patient, 40 min morning stiffness + chronic arthritis → **Rheumatoid arthritis**
- **Analysis , erythromatous rash → SLE**
- Oral ulcers → **SLE**
- Chronic arthritis in the thumb → **gouty arthritis**
- Case fo OA→ no diagnostic test
- Pain with chewing=temporal arteritis
- Swollen hot tender knee joint + fever → septic artheritis
- Morning stiffness for 1 hour → RA
- Joint pain increases with exercise and relieved by rest + morning stiffness → OA
- Calcifications + chondrocalcinosis → pseudogout
- **Levidoreticularis → anticardiolipin**
- 36 male arthralgia 2 years, pain stiffness in fingers and toes, NSAID relieve, Examination: symmetrical joint swelling warm pitting in finger nails > Psoriatic arthritis
- 76 male total joint arthroplasty, 24 years RA, DMARD, examination: bilateral ulnar deviation, extension in spine, painful limited flexion of finger, x ray, CBC, cr > X Ray cervical

- SLE with proteinuria → Renal biopsy

- Pain in temporalis + left sided headache → giant cell arteritis
- 42 years old with Rh.arthtitis presented with increasing dyspnea and non-productive cought , CXR revealed diffuse reticular opacities and PFT revelaed restrictive pattern > Caplan's Syndrome.
- Screen for SLE → ANA
- **Lower back pain + morning stiffness → MRI of sacroiliac joint**
- **Metacarpal tingling and numbness + manifestation of carpal tunnel → RA**
- Previous history of UC → enteropathic arteritis
- **Lower back pain + tender sacroiliac joint + rash → reactive artheritis**

- regarding asprin in CHD → **Low dose asprin is given for all people with risk of CHD**
- **Smoker, HTN, 3 episodes of visual loss and returns to normal → Duplex antiplatelet**
- Female, recurrent syncope → **aortic stenosis**
- **60 years old male had chronic stable angina (was taking nitrates, ACEI, B.B and aspirin) pain for 3 days , ECG & cardiac enzymes were normal → admit and heparin**
- 3 days short of breath, irregular pulse, 14 bpm, absent p wave → **Absent A wave**
- African with HTN → CCB
- A man with HTN and radio femoral delay → Co-arctation of aorta
- 17 years loss of conscious while playing football and there was difference in pulse →Cortication of Aorta
- 60 years old checking BP what is the stage to confirm hypertension →>140/90
- **patiant take hyper tension medication … Bp 130\60 … Answer no change in the doses**
- Chest pain radiating between shoulder plades → aortic dissection
- **History of polypectomy with right chest pain increasing with inspiration and exercise → PE**
- plumonery embolism …هتتطلع الصورة normal (in the goal)

Cardio

- A patient with sever congestive heart failure with low systolic function the best treatment to reduce mortality is → ACE inhibitor
- Central SQ pain + many factors of CAD which is unmodified factor →Familial
- **>2hours with ST dep which marker will be increased →Troponin**
- **Patient lesa 3amel 2astra and cardiac echo reveal s3 + Bilateral basal crepitation →Diuretics**
- **Pregnant with LL edema and heart problem →Labetalol**
- **advrse effect of nitro glycerol … Answer tolerance**
- 65 marked shortness of breath lasted for 1 year with pan systolic murmur →MR
- **Rapid regular palpitation and 90/60 ECG show Narrow QRS →SVT**
- **Chronic renal failure on dialysis orthopnea + LL edema + Dyspnea what investigation should you perform →ECHO**
- **Fever + arthralgia + pan systolic murmur his knee join has swelling and renal failure →fleeting arthritis**

Cardio

- **patiant with infective valve … Before dental operation. No medication**
- patiant Cardiac disease will do cystoscopy What are prophylaxis ……No Medication .
- patiant with arrthymia per day… ECG monitoring
- marker of heart failure Bnp
- spirolactone. Adverse effect gynecomastia
- splinter hge , janeway lesion , nodules endocarditis
- Female abdominal operation ten days ago had acute shortness of breath – CT pulmonary angiography
- Pain on excrtion reduced by rest … stable angina
- White coat hypertension ….. ambulatory blood pressure
- **Hypertension…… stage 2?????**
- **Painless & movable …. S.c nodule**
- **46 confusion, Rt sided weakness, valvalar lesion, mitral regurgitation > -ve coagulase staph**
- Abdominal bruits > Renal Arteriography

- A patient with progressive shortness of breath physical examination revealed rt.vent heave and tricuspid regurge 2/5 → Investigation ECHO
- **a man complaining of hypertension with heared abdominal bruit → renal arteriography**

Cardio

- Pan systolic murmur > VSD
- Rheumatic heart disease – viridians
- Heart failure drug that reduce mortality rates > ACEIs
- **Aortic stenosis > basal crepitation**
- Heart failure > no valve lesions with LT ventricular hypertrophy – ejection fraction 55% > diastolic dysfunction.
- 68 years old female – Dyspnea while walking > furosemide & Enelopril.
- **35 years old female months of heart burn , regurge , bleaching , dry cough , worsen when lay down no melena or dysphagia no weight loss what is the next step > Trial of PPIs.**

Cardio

- 40 female stitching chest pain inc. with body movement and cough , pain started for 24 hrs no response to nitrates, bp 120/80 pusle 90 equal, 38*C …… 12 lead ECG
- 45 female typical chest pain 6 hrs bp 130/80 pulse 80 ECG ST segment elevation at II, III, avf……. Catheterization
- 52 female regular check-up Bp 160/85 at home 122/82 ….. White coat HTN.
- **65 marked dyspnea bp 110/70 pulse 80 ECG Q wave V1 to V5 echo LVEF 35% Ramipril aspirin furosemide …… BB**
- **65 female dyspnea on mild effort deteriorate over 3 months, diabetic HTN ECG of LVH LVEF 65% ….. Ask BNP and pro BNP**

Cardio

- **72 female cataract surgery, antifoilme TTT echo LVEF 35% ….. proceed without anything**
- **70 male vascular assessment before aorto-femoral bypass, HTN, diabetes, ECG echo normal …… Dobutamine and stress echo**
- **60 female chest heaviness 2 hrs diabetic no HTN cholecystectomy exam obese , anxious restless 80/60 pulse 110 echo RV dilatation, sinus tachy cardiac no stress st changes ….. CT pulmonary angio**
- 15 boy 3 days fever arthralgia pansystolic murmur RT knee warm tender ….. echo cardiography
- **Aorto femoral bypass + intermittent claudication→ proceed to dobutamine test**
- **70Y heart burn + retrosternal pain + ECG ST depression and elevated troponin→ CCU and angiography**
- **Chest pain for 3M + ECG shows LVH and AF → anticoagulant 3 weeks + cardioversion**
- Case of stable angina → treadmill radioactive isotope

Cardio

- Old female patient + dizziness + shortness of breath ECG show wide spread atrioventricular dissociation (heart block) → pacemaker
- Shortness of breath after orthopedic surgery tachycardia BP 80/60→ CT pulmonary angio
- **2hrs retrosternal chest pain troponin is normal → wait for enzymes**
- **Renal dialysis + symptoms of CHF→ echo**
- Femoral delay coarctation of aorta
- Regarding coronary artery disease → **Aspirn**
- Case of TIA → **Amarousis fugax carotid US**
- RA patient with S4 and multi systemic diseases→ echo (msh mot2kdeen)
- **HTN and ERSD + scleroderma→ Lisinopril**
- Supra ventriculat tachycardia(Ecg)
- Stemi/nstemi(ecg)
- **Htn+furosemide+aspirin=ace (enalapril)**

Cardio

- Diffuse dull chest pain + mid epigastric pain → echo
- Diffuse dull chest pain + mid epigastric pain → echo
- **Htn drug cause bone loss=amlodipine/thiazide/amiodorone**
- **Hydrochlorothiazide -- drug safe patient from loss bone**
- ACEI sechadule with B blocker --- Ejection fracture as8ar mn 38
- **Ct with contrast – aortic desection – BP rt side deferent lt side arm**
- **Narrow pulse pressure -- aortic stenosis**
- Contraindicated in taking thrombolysis drugs History of GI bleeding – history of bleeding and anticoagulant
- **Prognosis of HTN is estimated by > end organ damage**

- **V wave @ JVP --- heart block**

Cardio

- 76 years old woman 2 weeks of nausea , vomiting . Also fatigue with yellow sclera had hollow colored objects > Digoxin toxicity
- 78 years old male , episodes of syncopes within several hours his P-wave is unrelated to Q-wave and P-R is random and variable > 3rd degree heart block.
- 34 male known to have mitral stenosis went valve replacement , he went on dental extraction > دكتور نجوي قالت انها جابت السؤال ده في كل الراوندات ومفيش حد جاوب صح
- **75 years old male , intermittent dyspnea on extertion , palptation , productive cough , low pitched diastolic rumbling murmur > RT-sided Heart disease.**
- 68 female HTN with dyspnea on walking , talking furemside which drug should be added > ACEIs.
- **72 years old female not controlled HTN was administrated Lisinopril , her Creat. Is elevated after drug administration > Atherosclerotic renal artery stenosis.**
- 47 years old female on clinic after elevated blood pressure , no symptoms but she recently lost her job , blood tests is normal next step ? > 24 hrs ambulatory Blood pressure
- 50 years old male with HF complaining of breast enlargement > Spironolactone.
- 60 male Ant.MI 3 months ago , currently he is asymptomatic , normal vital signs , he is currently on antiplatelete and ACEIs what drug should be added > B-blocker

Cardio

- **45 male , increase shortness of breath with exertion , Orthopnea, went percentisis 1 year earlier , ECG low voltage , pericardial calcification in X-ray > Constrictive pericarditis , kussmule sign.**
- 30 years female with palptations with mid systolic click , lab investigation ? > Echo
- 2 weeks after hospital discharge from MI , 65 years old male concerned about low grade fever , stitching pain , ECG unchanged with no lung abnormality , effect TTT > Anti-inflammatory
- A child died from heart disease , his family had the same condition > hypertrophic cardiomyopathy.
- Shortness of breath with exertion & congested neck veins > diuretics
- 2/6 of Tricuspid valve lesion > dyspnea
- **60 years man with alcoholic liver disease , upper GIT bleeding due to varicose veins went banding which drug is prophylaxis > B-blocker**

MIS

- **Patient complain of Bone pain and hair loss, which vitamin toxicity → Vitamin E**
- Dexa scan is -2.9 with vertebral and culle's fracture → **Severe Osteoporosis**
- **To assess daily functions of a 89 year old male → stand up from chair and return again after 23 second**
- test of fall in eldery = time up and go
- **Old age dementia recurrent aspirate pneumonia and decrease intake of feeding and low requirement nutrition how to feed --- hand feeding**

- **Patient with diabetes and osteoprosis, best to predict patient dependence daily activity on assessing falls → 23 time goes up and down**
- **ototoxic drug streptomycin**

Infection

- Malaria → **Thick and thin blood film**
- **sever watery diarrhea after travel … Organism cholera**
- erysipelas with penicillin allergy macrolid(erythromycin)
- HIV -> pneumonia manifest pneumosistis jivorici
- HIV attack (CD4 or T helper cell)
- HIV , thoraco abdominal rash of severe pain , TTT acyclovir
- **HIV,blotches……Kaposi sarcoma**
- **HIV + rash → acyclovir**
- student expirement ,spiking fever,splenomegaly… typhoid
- **Lesion on penis ulcer primary syphilis -> procaine Penicillin**
- **Neck stiffness meningitis benzyl penicillin**
- **Teacher Camping trip Lyme disease**
- **Bangladesh maculopopular rash on trunk typhoid**

Infection

- Rash on penis and testis herpes oral acyclovir
- **Rash on face and scalp VZV oral acyclovir**
- **Allergic to penicillin … clindamycin**
- 60 male diabetic, insulin, ulcerated vesicle on mouth after common cold > HSV 1
- healthy 18 male, fever, fatigue, sore throat, T 38.5, exudate tonsils, LNs cervical enlarged, rash > EBV infectious mononucleosis
- **Travel then diarrhea → ciprofloxacin**
- Penicillin allergy → give erythromycin

- **32 physician accidentally stick his finger in HIV patient, secere pneumonia ??? > 0.03%**

Infection

- Bangladesh + night sweat and fever→ TB
- Tonsillitis, + cervical lymphadenitis + polymorphus + MP rash→ EBV
- UTI in female patient→ E coli
- **Pneumocystis jirovecii : The agent most commonly used for prophylaxis is trimethoprim/sulfamethoxazole (TMP/SMX).**
- **Brucellosis مابتعملش rash … Two-drug regimen consisting of streptomycin and doxycycline or gentamicin plus doxycycline**
- **HIV patient taking ibuprofen+ painful rash (herpes zoster) → acyclovir**
- **1ry T-lymphocyte deficiency → oral thrush**
- **14 female fever last week, pale unwell, CBC: neutropenia, RBC & Plt (normal), no BM abnormality, no organomegaly > Overwhelming bacterial infections**

- 3rd year medical student fails to use proper disinfection techn in labs he had spiking fever and cramping abdominal pain with diarrhea > salmonella typhi.
- 23 yrs female returned from India 1 day ago , profuse watery diahrea , suddenly stool is profuse and colorless , her pulse 110 Bpm, GIT and cardio unremarkable > cholera
- 38 years old female developed shaking shills few hours and fever , she complains fo Rt lower extremity pain and bright red skin discoloration from her ankle to knee 123 bpm. And WBC 22,000 no history of allergy > ciprofloxacin orally
- ***ant abduction + tenderness → trochanteric bursitis***
- **CSF 800 WBCs / Glucose 35 / Protein 15 → TB meningitis**
- **Sickle cell anemia + fever → parvovirus 19**

- Most common organism of UTI → E.Coli
- **Immunocompramised for 6 months with renal transplant → acyclovir**

Blood

- Basophilic stripling → **lead poisoning**
- **Male worker had weakness, foot and wrist drop → Lead poisoning**
- **Cron's disease MCV increased → Vit B12 def.**
- **macroctosis , old age folate def.**
- HB A2 increased thalassemia trait
- **Deceased MCV, normal ferritin → Hb electrophoresis**
- Heinz bodies ….G6PD
- **60y , anemia , bone ache and on ibuprofen PNH**
- **poly thycemia rubra vera,HB level very high (bone marrow trephine or increased red cell mass)**
- **giant platelet with hyponucleated neutrophil (Myelo prolif. Or megakaryocyte)**
- **one side of diaphragm of hodgiken lymphoma(cervical) stage 2**
- **philadilphea chromosome CML**
- **70 y , FH of osteoporosis , back pain , high Ca and Phos , high albumineuria MM**
- Decreased MCV, Chronic disease iron def. → **Serum ferritin**

Blood

- **40y, pallor , splenomegaly heridietary sperocytosis**
- +ve coombs test , anemia , IgG increased AIHA
- auer rods AML
- 9-22
- **Cholescystectomy,spleen,normo novo osmotic fragility test**
- Typical bleeding of hemophilia Join bleeding
- Monitor effect of coagulation INR
- HUS hemolytic anemia thrombocytopenia renal failure
- **Jak2 mutation not a feature of CML feature of PV ,essential thrombocytopenia**
- **CML 9:22**

- fever, not respone to paracetamol, bleeding from gum, aeur body = acute myeloid leukemia
- pancytopenia, hypocellalur in bone marrow= aplastic anemia
- fever, unconscious, hemolysis, fragment RBC= TTP
- **31 woman un conscious fragmented RBCs……TTP**
- Microcytic anemia heavy menses …….. Feritin

Blood

- **PTT ⍰ Intrinsic Pathway (Von willbrand, Heparin, VII IX XI XII) PT ⍰ Extrinsic pathway (Warfarin, Liver disease, Vit k deficiency)**
- **Pain + fatigue + low Fe → stool analysis**
- **Fatigue + pale + HbA2 5.4% →B thalassemia trait**
- 37 worker inc.weak legs, confusion, bilateral foot drop, wrist weakness CBC basophilic stain…….. Lead poisoning
- **65 man hist malaise shortness macrocytic, comb negative schilling test positive ….. pernicious anemia**
- 30 female fatigue anemia, iron supplement, heavy bleeding 3 days moderate flow menstruate CBC 10 hg …… ferritin
- **HbA2 high 32 year→ B thalassemia trait**

Renal

- Patient with recurrent sinusitis, kidne failure → granulomatosis **with polyangiitis (WEGNER)**
- **17 years dark cola like urine good health until 14 day has sore throat and fever exam show bilateral lower limb edema →Post Streptococcal GN**
- **72 years old admitted for pneumonia decreased urine output and increased creatine from 1, 7 to 2, and 2 what is the best pre renal confirmation test to do? →Urinary Na**
- **How can differentiate between pre renal and acute tubular necrosis with test →FeNa > 2**
- Us …for polycystic kidney
- Calcium oxalate stone --- increased fluid intake

- right flank pain radiating to scrotal → renal stones
- Flank mass with painless hematuria and loss of weight he claims (because of stress) → renal carcinoma
- **70 years old with recurrent persistent vomiting and kidney failure K 6,6 →Urgent Dialysis**
- **58 years old DM progressive CKD taking ACE normal protein intake regarding his proteinuria what should you do →restrict his protein dietary intake**

Blood

- **TTP triad→ plasma exchange**
- Blood transfusin then PT and PTT elevated→ give him FFP or vit K or cryo (msh 3arfeen)
- **30 min after Blood tansfusion → rash or hypokalemia (msh 3arfeen)**
- **78 female 3 month worse back pain, CBC: Hb 10, blood film rouleux formation moderate impaired renal function, suspected myeloma, -ve urine protein and serum electrophoresis. Which is True > She may have myeloma free light chain**
- **68 female chronic lymphatic leukemia, 4 years no BM failure with no manage, follow up: Hb (low) 7.8, MCV 112, Plt 21, lymphocytes 43, retics 12 > Combo's test**

- **Iron anemia and mild esophagitis and full cecum=endoscope with attention to cecum/reassure and give iron therapy**
- **Cll+megaloblastic anemia=coomb's/bone aspiration**
- **Hemochromatosis diagnosis intial test= transferrin saturation**
- Pernocous anemia – schilling positive
- **44 middle female , fever, pallor, malaise SOB petechia rash, brusies on arm, CBC: pancytopenia, large spleen > Reticulocytic count**
- **65 elder bleeding bowel resection, 3 unit of blood 1st time 4 hours, unwell, fever, chills, dry cough > T related lung injury**

Blood

- **22 years old woman with 1 day history of painful leg which is erythematous and tender , she had this problem twice in few years , her family had this problem also , her grandfather died of pulmonary embolism. > factor V leiden mutation.**
- **5 year old girl presents with small petechaie and ecchymoisi on her skin , on examination she had tender sternum and hepatosplenomegaly > Direct microscopy of bone marrow cells.**
- 65 years old man presents with chronic history of headaches and occasional dizziness , he experiences pruritus after hot showers and bath , BP 160/85 > Polycythemia vera.
- **66 years old male , 3 months of weakness , tingling in limbs and sore throat , 5 kg weight loss in 2 weeks , blood smear showed macrocytic anemia , schilling test showed impaired B12 absorption > intrinsic factor Antibodies**
- 29 years old female presents with 1 week of rash on her legs , heavy periods lasted for 7 days , she has no recent illness and no medications , examination showed non blanching purple macules on her leg , lab tests reveal normal KFT and LFT , CBC showed plat. Count of 27,000 , the rest is normal > Immune – Thrombocytopenic purpura.
- 44 years old female , 2 month history of fatigue , shortness of breath and lethargy , no cold intolerance , no weight changes , on examination she was slightly pale , she is vegan . MCV 75 , Ferritin low > Iron def. Anemia

Renal

- **30 years on beta blocker and alpha blocker creatine 3,5 it was 2,5 last admission from 3 month ago U/S show unequal size kidney →renal art stenosis**
- **Urine dipstick show RBC +2 on 2 different occasions →cystoscopy**
- **Heamaturia on urine analysis (no.55 in bank)… cyctoscope**
- **patiant with brown casts in urine … Cause acute tubular necrosis**
- patient with poly cystic kidney … Want to screen his sister by US
- **Minmal change,effacement of podocyctes....oral Predisolne**
- **patant with glomeronephrietis improve by cortisol … Case. Minimal change glomeronehritis**
- patiant 17 y nephritic syndrome case … Minimal change glomerulonephritis
- Recoverd from throat infection …… IGA nephropathy
- **Polycythemia vera +chemo ….Hyperuricemic nephropathy**
- **Benign prostatic hyperplasia…..dribling hesitancy**

- female ,supra pubic pain , afebrile (no fever) cystitis
- **female 21 years old , +ve of blood and leukocytes in urine, taking trimetherim and no reponse to treatment= (good posture syndrome, chlamydia,urethral syndrome, renal stone**

Renal

- **Raised cpk,muscle pain (rhabdomyolysis)…. Hemodialysis**
- **Diff of ATN acute tubular necrosis > red casts**
- **Pregnant woman – bleeding during labor then anuria > cortical necrosis**

Renal

- 60 old male hematuria, back pain, +ve family history, renal failure, hypertensive, bilateral renal mass (polycystic) > US
- **Upper respiratory , hematuria > IgA nephropathy**
- 2ry varicocele > renal carcinoma
- **Polycystic kidney disease > US**
- Hyponatremia , hyperkalemia , increased urea , and myoglobin > Rhabdomyolysis
- **Ruptured aortic aneurysm > ATN**
- **The most common cause of AKI with Eosinophilia > Acute interstitial nephritis**
- Overdose diuretic > pre-renal acute kidney injury.
- **58 male CKD reflux nephropathy, tired, fatigue, BP 140/70, started ACE inhibitors 1 year ago, cr 3.5, plasma cr 3.2, k 5, urea 99, po4 4.9, ca 9.1, Hb 9.4, ferritin normal > Recombinant erythropoietin**
- **70 recent fatigue, cr 10, GFR 10, K 5.9, anuria last 24 hours, BP 160/90, LL edema, elevated JVP, basal crepitations, US: bilateral shrunken kidneys > Start hemodialysis**

Renal

- **45 female nephrotic renal vein thromboisi , what is the cause > loss of Antithrombin III**
- **29 years old male estimated GFR 45 which is the most factor causing this > muscle mass**
- 50 years old male went on dieurisis , waiting renal transplantation complaining of fatigue , murmur and pallor > Anemia
- **25 years old male injured in accident RT tibial fracture , and went to graft surgery , and fixation then he found increased Creatinine in urine > muddy brown casts ATN**
- **75 years old female on surgical wards taking diuretics > markedly decreased Na in urine , Urea high , creat. High > pre renal uremia.**
- 5 years old male had two days swelling of legs , scrotum with eczema , asthma > minimal change GN.
- **Normocytic anemia + CKD → erythropoientin level**

أي هبل

- **Unintentional movement of chorea →late manifestation of chorea**
- Contraindication drugs …. NSAIDs. Due to salt water retention
- **sportman with high body mass … Do urine analysis found increase GFR … Cause increase S1**
- **female 17 y jaundice and abdominal pain and increase direct bilirubin Case.. Pregnant**
- **Women with increase Alp and her age 17 y …Case pregnant**
- **diagnosed as factor V leiden protein C resis**
- alcoholic thiamine deficieny
- **hospitalized for elective surgery , antibiotic for 2 week , echymyosis , prlonged PT vit K defiency**
- **prolonged PT fresh frozen plasma**
- **Heterophil antibody**
- **Peritoneal dialysis (mate3melosh fel 3elag increase k)**
- Unintentional movement of chorea late manifestation of chorea
- **Fever + arthralgia + pan systolic murmur his knee join has swelling and renal failure fleeting arthritis**
- **HG 9.7 ,Aptt normal,fibrinogen normal,FEV1 0.62, FEV2 0.64 ……..Idiopathic pulmonary fibrosis**
- **He reflect symptoms exaggerated after taking drug product that show symptom of malabsorption Hydrogen Level**
- **ICS & Mucolytic discharge … case of bronchiectasis**
- Pain on excrtion reduced by rest … stable angina
- **2 Major …. Cardiths polyasmths**

- Female pregnant 14 wand Bp160/110 … Diagnose essential hyper tension

- **Alpha methyldopa**
- **دوا مش هينفع نستخدمه B blocker (clobidogrel & aspirin)**
- **Female HR = 250 PBM & regular …. White plasmson wolf syd SVT OR VTAC**
- **60 year old female has cooshipahon …. CT**
- **African male 14 y has increased induced bilirubin …. Crescent shape RBCS**
- **68 visit, smoke, according to US standards. What does he benefit? > Abdominal US for AAA**
- **Hyperproteinuria + lithium → thyroxine**
- **Old man + cataract + wide base gait → Visual disturbance**
- **He reflect symptoms exaggerated after taking drug product that show symptom of malabsorption → Hydrogen Level**
- 77 diabetic female dropping at home when stood up, gradually again stood up…….. Orthostatic
- **Murmur radiate neck, what is not found in the history→ hemoptysis**
- N/V and fatigue for 5 days, raised AST/ALT → acute HAV

أي هبل

- **51 osteoporosis hysterectomy FNF BMD -2.7 …. Bisphosphonates**
- **22 condrula??!! Collapse, LOC, chocolate prevent symptoms no excer. Problems BMI 445 female abd pain vomiting known hypothyroid, BP low normal, pulse tachy, Na+ inc. K+ high …..** 42 …. Dystonia
- **Kg higher, pulse 72 cardiac …. Prolonged fast**
- 60Y female patient → mammography screening

- Geriatric assessment→ daily activities
- Increased TAG + low cholesterol → weight reduction
- 68 years sudden pain in middle back + low PO4 + low Ca + fracture → vit b deficiency
- 45 years menopause + osteoporosis → bisphosphonate
- **Gout → uric acid more than 11**
- **DM + ankle problem + effusion → charcot joint**
- Painful ext rotation + resist
- High ALP low PO4 low ferritin → Vit D deficiency
- MS > echocardiogram
- 41 intermittent pain, cyanosis, cold, she don't smoke, she wear gloves and clothes to maintain temperature, BP 125/70, HR 88, skin normal, radial and ulnar pulses normal > Amlodipine
- **24 female lupus 5 years, low dose prednisone, hydroxychloroquine, rash, arthralgia, azathioprine, tacrolimus ointment, cushinoid, HR 75, Hb (1st 12 then it became 9.5), WBC (1st 4300 then it became 1600), Plt 135 > Azathioprine induced**

- **Difference between alzahimer and lewy bodies → Antrograde memory loss**
- Finger to nose irregular , Babinski sign & bilateral leg weakness → **MRI with glonedial**
- **Female patient with seizures, after 1 year of ttt with AED, she was normal intelligent + normal neurological + normal EEG and need safe withdrawal of the drug → Stoppage of antiepileptic drugs 1 year**
- Female with nausea, vomiting, diarrhea for 5 months → **Addison's disease**
- **Bronze scar and hypotension , comment on electrolyes → Low Na**
- **Severe pain as acidic pain → Thalamic syndrome**
- **Old male with vertigo on midnight → cerebellar damage or blurred vision**
- Nelson syndrome → **after bilateral adenectomy**
- **loss of conscious after vomiting → Subarachnoid he**